

27. Extensive Disease of the Pancreas. By JAMES A. WILSON, M. D.—A gentleman's servant, aged 41, of intemperate habits, unhealthy complexion, and distressed countenance, complained of constant pain at the epigastrium, sometimes heightened to agony. He described it as "a pulling together of the pit of the stomach;" which he felt most when recumbent, and after food; and which was often accompanied by headache and giddiness. His pulse was regular, its beats 95 in the minute. In a month from this patient's admission into St. George's Hospital, and after an unusually long intermission, the pain suddenly and violently returned. Shivering succeeded; maniacal delirium, and death.

After-death appearances.—A considerable layer of fat over the muscles of the abdomen. Pericardium unusually adherent to the heart, which was otherwise healthy. Lungs healthy. Brain softer than usual, and more vascular in its medullary substance. Some serous fluid on the arachnoid; very little in the ventricles. Stomach healthy. Spleen in a very soft state. Kidneys healthy.

The President, (Dr. Williams) said, that the case which had been read was extremely rare and valuable: the symptoms marking it had been pain, vomiting, and severe headache, which were exactly those which he had observed lately in a patient who died from fungus haematoxiles of the pancreas. The pain and vomiting were easily accounted for; and the headache he had attributed to the great emaciation of the patient, and to the sympathy existing between the stomach and the brain. Dr. Wilson had attributed to the pancreas the office of merely diluting the bile; and, perhaps, this might be the fact, but it was not proved by the present case, because, although some calcareous matter was found in the duct, it did not follow that the secretions of the pancreas were entirely suspended, or incapable of permeating the mass: neither did it appear that the patient had suffered from any such affections of the bowels, as made a prominent feature in the case. The concretions, nevertheless, found in this case being similar to those found in the salivary ducts, seemed to point to the fact of the pancreas and salivary glands having a similar office, and was another instance of the truth of the physiological opinions at present entertained respecting the uses of that viscus.

Mr. Ancell thought that there was so much contradiction in the physiological facts advanced with reference to the office of the pancreas, that no conclusion could be drawn from them. Thus, even as to the chemical composition of the pancreatic fluid, the German physiologists asserted that it was alkaline, while the French contended that it was acid. As great a contrast also existed as to the quantity of fluid secreted by the gland; for while Magendie had stated that it secreted only one drop of fluid in the half hour, other writers had said that the quantity secreted in that period was half an ounce. The pathology of the pancreas threw no further light on the subject, for there were no general facts to go upon. Thus, as a symptom of disease of this organ, vomiting was mentioned as generally present; and one author had gone so far as to say, that if a patient suffered from vomiting and emaciation, without any other symptoms being present, he should consider that the pancreas was diseased. But how did this statement hold good when tested by facts? Why, out of twenty-six cases of disease of the pancreas recorded by Dr. Abercrombie, there was no one urgent symptom in most of the cases to warrant the diagnosis that the pancreas was diseased. In many cases vomiting was present; in others there was only pain; in some there was pain and vomiting also. Vomiting, however, might be a mere accidental symptom, and be dependent on the involvement of the stomach in the disease. He thought, indeed, we had no fact which would lead us to determine that the pancreatic fluid was of any direct service in the process of digestion. He had no doubt, however, the organ had an important office to perform, and he thought its function had a direct effect on the blood itself.

Dr. Henry Lee had seen a case in which the chief symptoms were pain in the epigastrium and back, with emaciation and occasional vomiting: the patient was a long time ill, and at last died. After death the stomach was found to be perforated at its posterior part by the head of the pancreas, which had become enlarged, and produced ulceration by pressure on the stomach. The edges of the

ulcer were red, and the structure of the pancreas was lobular.—*Lancet*, January 22, 1842.

28. *Influence of venereal excesses in the production of Apoplexy.*—Dr. MUYNCH has in many instances traced apoplectic attacks to venereal excesses. He supposes that they first augment the irritability of the brain, but, in consequence of their continuance, soon induce a state of permanent debility, and diminution of the tonic and cohesive power of the nervous system; and that the weakness caused by these seminal losses is of a much more severe nature, and more permanent, than even repeated blood-lettings carried the length of producing cerebral anaemia.

The signs which precede the apoplectic attacks are in general loss of the intellectual faculties to a greater or lesser extent, loss of memory, incompetence for any continued mental exertion, in addition to the loss of the general health. Convulsive movements of the muscles of the arms and face are often remarked, and a state of mind approaching idiocy or insanity.

When the apoplectic seizure is traceable to this cause, bleeding is highly injurious. The remedies recommended are quinine and other tonics, valerian, arnica, carbonate of ammonia, &c. together with frictions along the vertebral column with some stimulant liniment.—*Ed. Med. and Surg. Journ.* October, 1841, from *Annales de la Société de Med. de Gand.* January, 1841.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

29. *Treatment of Strangulated Hernia by Opium.*—Attention has been recently drawn to this important subject, by Dr. D. Bell of Carlisle, Dr. A. W. Davis of Presteign, and Mr. George Cooper of Greenwich.

Dr. BELL was led to the employment of morphia in cases of strangulated hernia, from having observed great prostration of strength and total relaxation of the system to ensue where considerable doses of that article had been given, and in the *Lond. and Edin. Monthly Jour. of Med. Sci.* for Sept. 1841, he relates three cases of strangulated hernia, in which he had resorted to the measure with entire success.

Dr. DAVIS communicated to the Provincial Medical Association at their York meeting, a case of strangulated hernia, in which after the failure of all the usual means, a teaspoonful of laudanum, repeated at the end of two hours, was given; which caused almost immediately so much prostration of the muscular system that the hernia was easily reduced. The patient was a strong muscular man, a farmer's servant.

Mr. COOPER relates, in the *London Medical Gazette* (18th Feb. 1842), the two following cases, equally successfully treated by the same method.

John Brown, aged 50, with a large inguinal hernia, was seized with symptoms of strangulation, on the 16th of November. Applied to Dr. Mitchell on the 18th, at whose request I saw him. The symptoms were most urgent; and having failed with the taxis, we proposed an operation, which he refused to submit to. On the 19th, Mr. Busk saw him, and recommended me to try large doses of opium, as Mr. Bransby Cooper had informed him of a surgeon in Somersetshire, who, for the last eighteen years, had so treated such cases. I immediately gave 4 grs. of opium, which relieved the pain and sickness, but produced no change in the tumour. In four hours I repeated the opium, and five hours after gave a third dose of 4 grs. 20th.—Free from pain and sickness; the hernia in same state; he had occasional sickness, and a few doses of opium at intervals till the bowels acted, without any apparent alteration in the hernia, from which time he quickly recovered, and the hernia returned by degrees.

Mrs. Woodhouse, aged 70, was taken with symptoms of strangulated hernia on the 22d of January, and sent to me on the 25th. She had a femoral hernia which I could not reduce; she is sure it was not present before the 22d, when